The Special Attention of Physicians	s is Respectfully Invited to the Re	emarks below, and to 1	ist of Diseases on back of (1	is Certificate.
	Department,	City of	Baltimore.	
The Physician who the ded a to the Undertaker or a person	Office of Registral any person for bet illness is respondent the burial, within a law. IT FOR BURIAL CAN BE OBTAIN	onsible for the present hours after	ation of this Certificate, according the death of said deceased	rately filled at, or sooner, if
	TIFICATE	OF D	EATH.	4
	Write legibly and spell correctly. If an Infant not named, give names of parents.	Ita Ros	enheim	
9-1	Years,	> Months	3,	Days.
Married, Single, Widow of Occupation,	or Widower, {Cross out the work required in this li	ds not }	, /	/
Birth Place, State or country, a long in the United if of foreign birth. Duration of Residence in	ond how States, States	PY		
Place of Death, {Give Street a Number.	nd} 821,	M. Caro	live A	
$\textit{Cause of Death}, egin{cases} ext{First (Property)} \\ ext{Second (} \end{cases}$	rimary), (Immediate), Clob	in Jufa	· len	
Duration of Last Sickne	furnished by the Physician.	*		
Place of Burial, Eden				
Date of Burial, Jan. { Undertaker, Lens Place of Business	4/10/11/1	1 2 Gr dress, 1437	Medical Attendan	M. D.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the die the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

All the above information sl

Place of Business 22

Place of Buria

Date of Burial.

Undertaker

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Health Mepartment, City of Baltimore. Permit No. ——Office of Registrar of Vital Statistics. Ward ——
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately find on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or somer, requested so to do, under penalty of law.

No PERMIT FOR BURILL GLY BY OFFICE AND THE CONTROLLED TO STATE AND THE CONTROLLED requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death,_ Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. Days. Age, Color, Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary), -Cause of Death, Second (Immediate), Duration of Last Sickness,

Extract from Regulations of the Foard of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 783 Office of Registrat of Vital Statistics. Ward 14
The Physician who attended any person is a stillness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 29 Th
Full Name of Deceased, Write legibly and spell mot named, give manes of parents. The Thangard Telly
Sex, Male or Female, {Cross out the word not } + 2
Age, 75 Months, Days.
Color, White
Married, Single, Widow or Widower, [Cross out the words not] Wy 9
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 3.7
Place of Death, (Give Street and) 506 h Schrold SC
Cause of Death, { First (Primary), April (Second (Immediate), First (Primary), April (Second (Immediate)), Firs
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, MEW Calledral
Date of Burial Jelly 12 1887) A King
(Undertaker, M Cooligan M. D. Medical Attendant.
Place of Business 22/ Mulberry Dedress, 1001 Edmondson

Extract from Regulations of the Coard of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last seekness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Bealth, Department, City of Permit No. L Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if No Permit for Burial can be Obtained without a Proper Certificate. CERTIFICATE OF DE Date of Death,.... 3,0 M Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names } Sex, Male or Female, {Cross out the word not } required in this line. } Age, Years, Months. Color, White Married, Single, Widow or Widower, {Cross out the words not } required in this line. } Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Durang Place of Death, Give Street and Number. Cause of Death, First (Primary), Second (Immediate), Osnoulsion Duration of Last Sickness, 3 days All the above information should be furnished by the Physician Place of Burial MENENN CEMELON Date of Burial, (Undertaker, (Place of Business,

16 Days.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case [OVER.]

the appealant accompany in hysicians is need procedulty invited to the nemal as below, and to list of Diseases on Dack of this Certificate.
Bealth Bepartment, City of Baltimore.
Permit No. 785 Office of Registrar of Vital Statistics. Ward // 4
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 6.30.87.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. See Male French (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, Syears, Months, Days.
Color, Mule
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, OB-111-02-1
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and Number.
Cause of Death, First (Primary), Onfestino anny
Second (Immediate), 3/1/11
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, London Park & MIL
Date of Burial, July 2/gy Alle Mashing
C. Understaken Will Enthis Mount

Place of Business, 201 W. Sanatogu Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

		murks between und ee Li	iso of Discusce on Dusa of th	18 Oct Cincaro.
Health I	Bepartment,	City of	Baltimore.	
The Market	fice of Registrar			100
The Physician who attended any	person in a last illness, is resp	onsible for the present	tation of this Certificate, acc	urately filled
out, to the Undertaker or other pers sooner, if requested so to do, under per	alty of law.			deceased, or
NO PERMIT	FOR BURIAL CAN BE OBTAIN	• PROPE	ER CERTIFICATE.	
CERT	TIFICATE	OF DE	CATH.	
Date of Death,	30 Deme	1887		
Full Name of Deceased, $\left\{egin{array}{c} W_{\text{connoised}} \\ \text{no} \\ \text{of} \end{array}\right.$	rite legibly and spell recetly. If an Infant	mes W.	Barroll	
Tutt Name of Deceased, and of	t named, give names }			1
Sex, Male or Female, Cross ou required	t the word not }		····	/
Age, 73	Years,	Month	s,	Days
Color, / W	lita			
Married, Single, Widow or V	Vidower, { Cross out the words	s not }		
Occupation, Return	. / .			
Birth Place, {State or country, and ho long in the United State if of foreign birth.	1) 11.	A -		
Duration of Residence in the	City of Baltimore,	age len		
Place of Death, {Give Street and }	Fayette Y	Paca eto	(hEC.	1
) First (Primar	y). Herron	e/haus	tim	-
Cause of Death,	511 -	13		
) Second (Imme	ediate), offusion	on love		
Duration of Last Sickness,	* 2 m	200		
Place of Burial, France				
	2nd ger	1	3.	
Date of Burial, July	25 1-1-1	N. W.	Jungs	M. D.
(Undertaker, Methy	cholin / Las		Medical Attenda	nt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Parle Ylandy Address 319

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Re	spectfully Invited to the Re	marks below, and to Li	ist of Diseases on back of C	his Certificate.
Permit No. The Physician who attended any per to the Undertaker or other person supering requested so to do, under benalty of law.	ntending the burial, within	on of Vital State on sible for the presentativenty-four hours after	tistics. Ward the death of said deceased	uralely filled out
	IFICATE	OF DI	EATH.	
Date of Death,	June	2 30 -	1887	
Full Name of Deceased, Write correct not na of pare	legibly and spell ly. If an Infant med, give names ents.	dinar	r C. Le Ja	nire
Sex, Male or Female, {Cross out the required in	this line.			,
Age, Y	Tears,	& Months	,/	Days.
Color,		whit	2 /	
Married, Single, Widow or W	idower, {Cross out the word required in this lin	s not }	1/	
Occupation,			V	
Birth Place, State or country, and how long in the United States, if of foreign birth.	}	Bul	4	μ.
Duration of Residence in the	City of Baltimore,	7		
Place of Death, {Give Street and }	1323	dex	ng hu	•
$egin{aligned} extit{Duration of Residence in the} \ extit{Place of Death}, egin{aligned} extit{Give Street and} \ extit{Number.} \end{aligned} egin{aligned} extit{Cause of Death}, egin{aligned} extit{First (Primary)} \ extit{Second (Immed)} \end{aligned}$		era li	funtin	~~~
Duration of Last Sickness,	ed by the Physician.	un	rk .	
Place of Burial, Bounce	Brae (
Date of Burial, July	187	1. [Hechote.	~
(The dental on Organia	11.11.4	keer of x	Mehrea	regM. D.

Place of Business, 201 m Soutign 8 Address, 707.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Res	pectfully invited to the Ren	narks below, and to L	ist of Diseases on back of	this Certificate.
Health D	epartment,	City of	Baltimore	. ,
Permit No. 788 Office	ce of Registrar	of Vital Sta	atistics. Ward	// 9
The Physician who attended any pers to the Undertaker or other person superin requested so to do, under penalty of law. No Permit for	son in a last illness, is respondentending the burial, within	twenty-jour hours after	the death of said decear	sed, or sooner, if
CERTI	FICATE	OF D	EATH. (
Date of Death, Jun	ce 30 th 8	7		
$egin{aligned} Date \ of \ Death, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	egibly and spell y. If an Infant ned, give names ats.	du Z	arles	
Sex, Male or Female, Cross out the required in	e word not			4
Age, Y	ears, Thr	ee Months	8,	Days.
Color, 15r	own			
Marriod, Single, Widow or Wa	idower, { Cross out the word required in this lin	s not }	1/	
Occupation,		0	y	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Ballo.	City-	nouttes?	
Duration of Residence in the	City of Datemore,	***************************************		
Place of Death, {Give Street and }	95 or		CNT.	
$Cause of Death, \begin{cases} First (Primary) \\ Second (Immed) \end{cases}$, Choca	Enfan	tune	
Duration of Last Sickness,	2 d	ayo		
Place of Burial, Shory	externerly	20.	1	
Date of Burial, July	182	1.13,4	larden	er M D
J Undertaker, Olehy	Henry	, -	Medical add	dant.
Place of Business, 5610	reherel IA Ad	dress, La	14 11.71	ceney

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

and date of death.

meaten beparement, city of Baltillore.
Permit No. A 789 Office of Registrar of Vital Statistics. Ward 12
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner
if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Cross out the word not; required in this line.
Age, 22 Years, Thit
Color,
Married, Single, Widow or Widower, Cross out the words not to Single
Occupation, Gerk
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, Give Street and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Cause of Death, { First (Primary),
(Second (Immediate),
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial Quedon lark Conneten
Date of Burial July 1 1887 Million M. D.
(Undertaker, Diesous Medical Attendant.
Place of Business, 215 7217 Parkare Address, 1008 Mar. One.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

[OVER.]

Board of Health, City of Baltimore,
Permit No. 790 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled
out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, fine 30th 1887
Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrite legibly and spell of the Total Correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { Cross out the word not } required in this line. }
Age, Years, Months, 14 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the word not }
Occupation,
Birthplace, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give street and }
) First, (Primary,)
Cause of death, Second, (Immediate,)
10 10.1
Duration of Last Sickness,
All the above information should be furnished by the Physician.
Place of Burial, Men Calmeatar Conf
Date of Burial, July 1 80 (Mr Brooke Istorie M. D.
Undertaker, H. Kink John Medical Attendant.
Place of Business, 9/3/1. Jay Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.